



HIV/AIDS

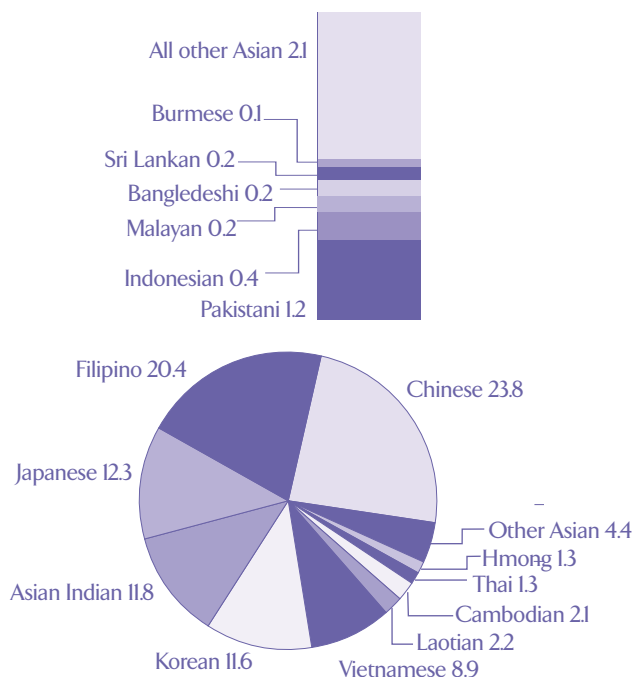
&
Asians and
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 NATIONAL MINORITY AIDS COUNCIL

The Asian and Pacific Islander Population is Growing Rapidly

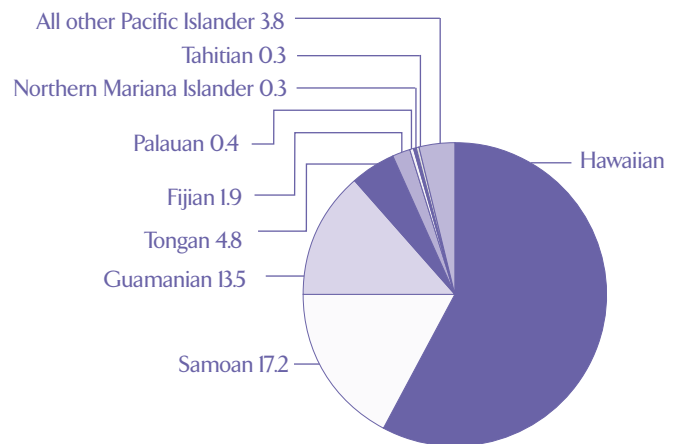
- The Asian and Pacific Islander (A&PI) population is the fastest growing ethnic/racial population in the United States (U.S.). According to the U.S. Census Bureau, the A&PI population in the U.S. nearly doubled from 3.7 million in 1980 to 7.2 million in 1990.
- In 1998 the Asian and Pacific Islander population totaled over 10 million persons. Today, Asians and Pacific Islanders make up 3.7% of the total U.S. population and 13% of the people of color in this country. By the year 2030 it is projected that this population will increase by 132% to over 23 million persons.¹
- The Asian and Pacific Islander population is very diverse with many sub-groups that reflect variations in historical backgrounds, language and cultural traditions. Asians in the U.S. represent 29 ethnic and national groups and Pacific Islanders represent 19 ethnic and national groups, who speak more than 100 different languages.

Asian Islander Population for Selected Groups 1990



- In 1990, 87% of the Pacific Islander population were born in the U.S., and 66% of Asians were foreign-born. Among the Asian groups, Vietnamese, Laotians, and Cambodians had the highest proportion of foreign born, while Japanese had the lowest proportions. Thirty-eight percent (38%) of Asians entered the country between 1980-1990. Cambodians, Laotians and Hmong had the highest proportion of persons who entered the U.S. during this period.²

Asian Islander Population for Selected Groups 1990



- The largest sub-groups of Asians are Chinese, Filipino and Japanese. Hawaiians, Samoans and Guamanians represent the largest sub-groups of Pacific Islanders in the U.S.
- The majority (55%) of the Asian and Pacific Islander population in the U.S. lives on the West Coast, representing 9% of the region's population. California, New York and Hawaii account for 57% of all A&PIs in the U.S.³
- A diffusion of Asians and Pacific Islanders to many "non-traditional" areas of the country is occurring. Between 1980 and 1990 the A&PI population increased by 139% in the South and Northeast, by 97% in the Midwest and by 95% in the West. The five states with the largest growth in the A&PI population between 1980 and 1990 were Rhode Island (246%), New Hampshire (219%), Georgia (210%), Wisconsin (195%), and Minnesota (194%).

¹ Bau, Ignatius, Lew, Steve, Bao, Daniel, "Strengthening HIV Prevention Through Technology Diffusion", Report on the National Summit on Technology Transfer of HIV Prevention Interventions for Asian and Pacific Islander Men Who Have Sex with Men, Sonoma California, March 29-31, 1997, p.4.

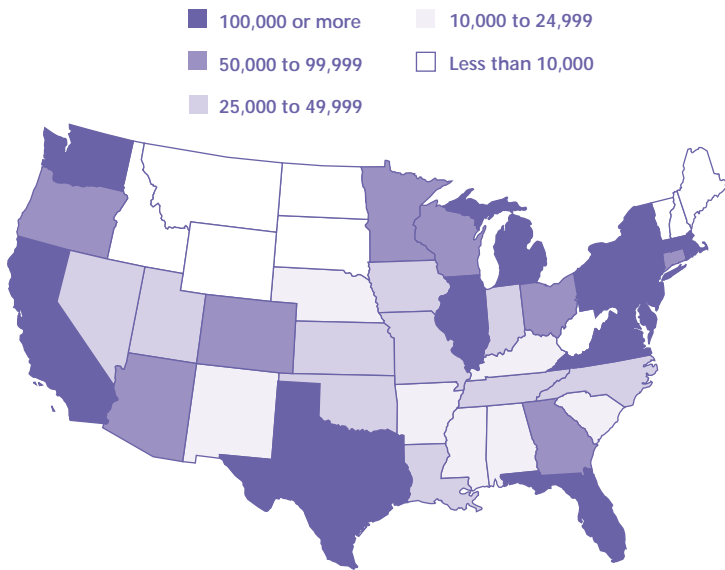
Office of Research on Women's Health, Office of the Director, National Institutes of Health, Women of Color Health Data Book: Adolescents to Seniors, NIH Publication No. 98-4247, pp. 5-8, 16-17.

Collins, Karen Scott, and Hall, Allyson, Neuhaus, Charlotte, U.S. Minority Health: A Chartbook, The Commonwealth Fund, May 1999, p. 8.

² U.S. Department of Commerce, Economics and Statistics Administration, Bureau of the Census, We the American...Asians, September 1993, p. 3.

³ Office of Research on Women's Health, Office of the Director, National Institutes of Health, Women of Color Health Data Book: Adolescents to Seniors, NIH Publication No. 98-4247, pp. 5, 16-17.

Asian Population by State 1990 (Thousands)



- The vast majority (94%) of Asians and Pacific Islanders live in metropolitan areas. Of these, one half lived in the suburbs and slightly less than half (45%) lived in the central cities of metropolitan areas.⁴

Jurisdictions with the Largest Asian and Pacific Islander Populations in the U.S., 1990

State	Number	Percent
California	2,845,659	9.6%
New York	693,760	3.9%
Hawaii	685,236	62%

County	Number	Percent
Los Angeles	954,485	11%
Honolulu	526,459	63%
Queens	238,338	12%

City	Number	Percent
New York	512,719	7%
Los Angeles	341,807	10%
Honolulu	257,552	71%

HIV/AIDS and Asians and Pacific Islanders: A Global Pandemic

- Worldwide there were 33.4 million persons estimated to be living with HIV/AIDS as of the end of 1998 of which 95% resided in developing countries.
- Asia makes up half of the world's population. HIV did not arrive in Asia until the late 1980s and early 1990s. As of the end of 1998, there were an estimated 6.7 million persons in South and Southeast Asia, and 560,000 persons in East Asia and the Pacific living with HIV/AIDS.
- Today Asia accounts for 20% of all infections worldwide. Cambodia and Thailand are among the countries with the highest HIV incidence rates. However, there is a potential for an expansion of the epidemic in China, and in India.
- India, with more than 4 million people already infected with HIV, has the largest number of infected individuals in any single country in the world.⁵

Adults and Children Estimated To Be Living With HIV/AIDS As Of End 1998



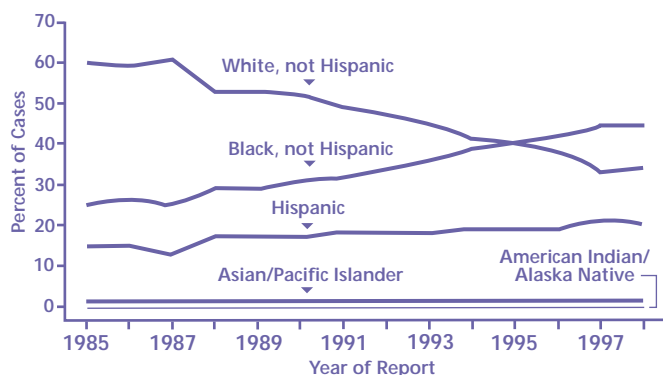
HIV/AIDS among Asians and Pacific Islanders in the United States

- The cumulative number of AIDS cases reported among Asians and Pacific Islanders in the U.S. through December 1998 was 4,974, approximately .8% of the total cases reported.

⁴ Office of Research on Women's Health, Office of the Director, National Institutes of Health, Women of Color Health Data Book: Adolescents to Seniors, NIH Publication No. 98-4247, pp. 5, 16-17. Takeuchi, David, and Young, Kathleen, "Overview of Asian and Pacific Islander Americans", in Zane, Nolan, Takeuchi, David, Young, Kathleen, Eds. Confronting Critical Health Issues of Asian and Pacific Islander Americans, Sage Publications, Inc. 1994, pp. 3-4.

⁵ Joint United Nations Program on HIV/AIDS (UNAIDS), "The UNAIDS Report, A Joint Response to AIDS in Action", Geneva, Switzerland: 1999, p.17.

Proportion of AIDS Cases, by Race/Ethnicity and Year of Report, 1985-1998, United States



- A total of 48,269 new AIDS cases were reported in 1998 of which 390 or .8% were among Asians and Pacific Islanders.
- Of the cumulative 106,575 HIV infection cases reported by the end of December 1998, from the 33 jurisdictions with HIV confidential reporting, 333 or 3% were among Asians and Pacific Islanders.
- It is important to note that a small number of states collect or report HIV/AIDS surveillance data by Asian and Pacific Islander national origin/ethnicity and several do not report any data on A&PIs separately. Instead these states subsume any data on A&PIs in an “Other” category.

HIV/AIDS among Asian and Pacific Islander Males

- Among Asians and Pacific Islanders, adult/adolescent males make up 88% of the cumulative AIDS cases and 85% of the new AIDS cases reported in 1998.
- Males make up 73% of the cumulative HIV cases reported among adult/adolescent A&PIs and 70% of the new HIV cases reported in 1998.

Men Who Have Sex with Men (MSMs)

- Men who have sex with men (MSMs) experience the severest impact of HIV and AIDS among Asians and Pacific Islanders adult/adolescent males, accounting for 74% of the cumulative AIDS cases.
- Fifty-six (56%) of the new AIDS cases reported among Asian and Pacific Islander adult/adolescent males were among MSMs.
- Fifty one (51%) of the cumulative HIV cases reported among Asian and Pacific Islander adult/adolescent males were among MSMs.

- Fifty-nine (59%) of the new HIV cases among Asian and Pacific Islander adult/adolescent males were among MSM.

Exposure Categories

Injecting Drug Use (IDU)

- Injecting drug use accounts for 5% of the cumulative AIDS cases reported among Asian and Pacific Islander adult/adolescent males.

Men Who Have Sex with Men and Injecting Drug Use (MSM/IDU)

- In 1998, the transmission category of men who have sex with men and injecting drug use (MSM/IDU) accounted for 4% of the cumulative AIDS cases reported among Asian and Pacific Islander adult/adolescent males.
- Among the new AIDS cases reported for Asian and Pacific Islander adult/adolescent males in 1998, MSM/IDU accounted for 3% of the cases.
- MSM/IDUs accounted for 2% of the cumulative HIV cases reported among Asian and Pacific Islander adult/adolescent males.
- Among the new HIV cases reported for Asian and Pacific Islander adult/adolescent males in 1998, 4% were among MSM/IDUs.

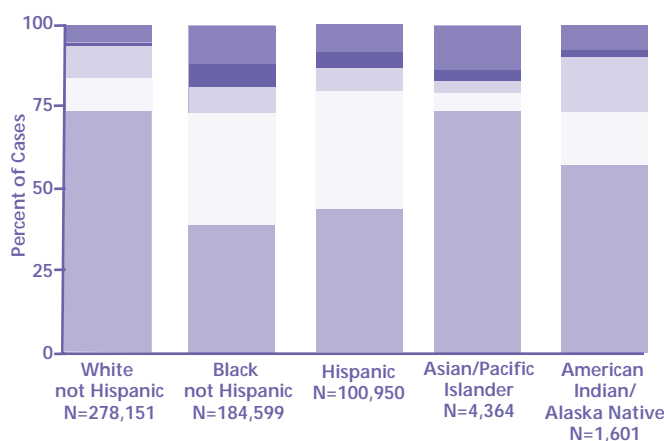
Heterosexual Contact

- The proportion of cases due to heterosexual transmission appears to be growing among Asian and Pacific Islander adult/adolescent males.
- Heterosexual contact accounted for 3% of the cumulative AIDS cases and 7% of the new AIDS cases among Asian and Pacific Islander adult/adolescent males reported in 1998.

Risk Not Identified

- This category accounted for 10% of the cumulative AIDS cases, 26% of the new AIDS cases, 32% of the cumulative HIV cases and 28% of the new HIV cases reported in 1998.⁶

AIDS Cases in Adult/Adolescent Men, by Exposure Category and Race/Ethnicity, Reported through 1998, United States



*Includes patients with hemophilia or transfusion-related exposures, and those whose medical record review is pending; patients who died, were lost to follow-up, or declined interview; and those with other or undetermined modes of exposure

- Other, not identified*
- Injection drug use (IDU)
- MSM and IDU
- Men who have sex with men (MSM)

Age Distribution

- AIDS case data indicates that the cases among Asian and Pacific Islander males are concentrated in the 25-44 age group, which accounted for 73% of the cases reported through December 1998.
- HIV case data indicates that there is a greater proportion of cases concentrated among younger Asian and Pacific Islander males, with 67% of the cases among 20-34 year olds.⁷

HIV/AIDS among Asian and Pacific Islander Females

- Among Asian and Pacific Islander adults/adolescents, females make up 11% of the cumulative AIDS cases and 15% of the new AIDS cases reported in 1998.
- A&PI adult/adolescent females make up 27% of the cumulative HIV cases and 30% of the new HIV cases reported among adult/adolescent A&PIs in 1998.

Heterosexual Transmission

- In 1998, 47% of the cumulative AIDS cases reported among Asian and Pacific Islander adult/adolescent females were due to heterosexual transmission.
- In the same year, 41% of the new AIDS cases reported among Asian and Pacific Islander adult/adolescent females were due to heterosexual contact.
- In 1998, 45% of the cumulative HIV cases reported among Asian and Pacific Islander adult/adolescent females were due to heterosexual transmission.
- In 1998, 55% of the new HIV cases among Asian and Pacific Islander adult/adolescent females were due to heterosexual transmission.

⁶ Centers for Disease Control and Prevention HIV/AIDS Surveillance Report, Year-end edition, Vol. 10, No. 2, December 1998, Tables 9 & 10 pp.18-19.

⁷ Centers for Disease Control and Prevention HIV/AIDS Surveillance Report, Year-end edition, Vol. 10, No. 2, December 1998, Tables 7 & 8, pp.16-17.

Injecting Drug Use

- Injecting drug use accounts for 17% of the cumulative AIDS cases reported among Asian and Pacific Islander adult/adolescent females, in 1998.
- Among the new AIDS cases reported for Asian and Pacific Islander adult/adolescent females in 1998, 12% were among injecting drug users.
- Injecting drug use accounts for 7% of the cumulative HIV cases reported among Asian and Pacific Islander adult/adolescent females in 1998.
- Among the new HIV cases reported for Asian and Pacific Islander adult/adolescent females in 1998, 5% were among injecting drug users.

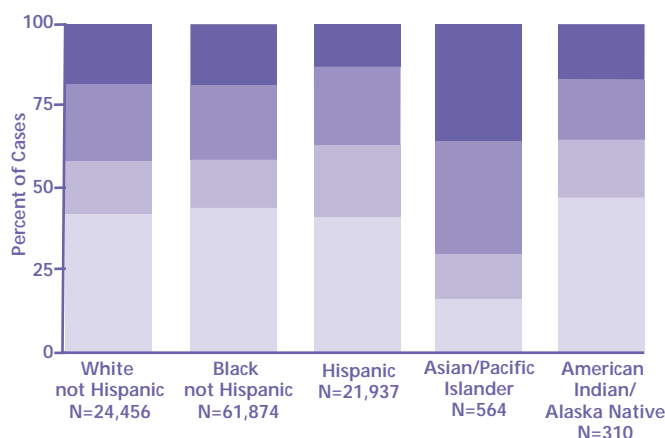
Risk Not Identified

- The transmission category of risk not identified represents a disturbing proportion of the cases among Asian and Pacific Islander adult/adolescent females. This category accounted for 18% of the cumulative AIDS cases among A&PI females as compared to 17% among African American, 10% among Latina, 13% among Native American and 10% among white females.
- Among the new AIDS cases reported for Asian and Pacific Islander adult/adolescent females in 1998, 42% were in the category of risk not identified as compared to 35% among African American, 27% among Latina, 33% among Native American and 25% among white females.
- Risk not identified accounted for 45% of the cumulative HIV cases reported among Asian and Pacific Islander adult/adolescent females as compared to 40% among African American, 34% among Latina, 25% among Native American and 29% among white females.⁸

Age Distribution

- AIDS case data indicates that the cases among Asian and Pacific Islander females are concentrated in the 25-44 age group, accounting for 64% of the cases reported through December 1998.

AIDS Cases in Adult/Adolescent Women, by Exposure Category and Race/Ethnicity, Reported through 1998, United States



*Includes patients with hemophilia or transfusion-related exposures, and those whose medical record review is pending; patients who died, were last to follow-up, or declined interview; and those with other or undetermined modes of exposure

- Females ages 25-29 accounted for 13%, 30-34 year olds accounted for 19%, 35-39 year olds accounted for 18% and 40-44 year olds accounted for 14%, of the cases reported through December 1998.
- Of all ethnic/racial groups, A&PI women had the highest proportion of AIDS cases reported through December 1998 among 45-49 year olds (10%), 55-59 year olds (3%), 60-64 year olds (4%) and 65 or older (4%).
- Of the HIV cases reported through December 1998, 25% were among 20-24 year olds, 22% among 25-29 year olds, and 17% among 30-34 year olds. Thirty five to thirty nine years olds accounted for 11% of the cases, and 40-44 year olds accounted for 5% of the cases.⁹

⁸ Centers for Disease Control and Prevention HIV/AIDS Surveillance Report, Year-end edition, Vol. 10, No. 2, December 1998, Tables 11 & 12 pp.20-21.

⁹ Centers for Disease Control and Prevention HIV/AIDS Surveillance Report, Year-end edition, Vol. 10, No. 2, December 1998, Tables 7 & 8, pp.16-17.

- In 1998, the annual AIDS case rate per 100,000 population was 1.4 for Asian and Pacific Islander adult/adolescent females and 4.8 for the total adult/adolescent A&PI population.¹⁰

HIV/AIDS Among Asian and Pacific Islander Children

- Of the eight thousand four hundred and sixty one (8,461) cumulative AIDS cases reported through 1998 among children less than 13 years of age, A&PI children accounted for 46 or .5% of these cases.
- Of the 382 new AIDS cases among children, reported in 1998, A&PI children made up .5% of the cases.
- Of the 1,875 cumulative HIV cases reported among children in 1998, A&PIs made up 6% of the cases.
- Of the 309 new HIV cases reported among children in 1998, 1% were among A&PI children.¹¹
- 67% of the cumulative AIDS cases and 50% of the new AIDS cases reported among A&PI children in 1998 were due to mother to child (perinatal) transmission.
- 64% of the cumulative HIV cases and 100% of the new HIV cases reported among A&PI children in 1998 were due to mother to child (perinatal) transmission.

HIV/AIDS in the States with the Largest Numbers of Asians and Pacific Islanders California

- As of December 1998, the number of cumulative AIDS cases among A&PIs in California was 2,249, representing 2% of the state's cumulative AIDS cases (110,120). Adults accounted for 2,234 (99.3%), and children less than 13 years of age for 15 (<1%), of the cumulative A&PI AIDS cases. A&PI males made up 90% and females made up 10% of the cumulative adult/adolescent AIDS cases reported in California through December 1998.

- Of the cumulative 2,234 adult/adolescent cases reported among A&PIs in California, 74% were among men who have sex with men (MSM) and 7% were due to heterosexual contact.
- Of the A&PI male cases, 82% were among MSMs, 3% among IDUs, 4% among MSM/IDUs, and 5% were risk undetermined.

Cumulative AIDS Cases and AIDS Incidence Among Subpopulations Asian/Pacific American in California: 1980-1995

Asian/Pacific American Sub-population	Cumulative AIDS Cases	% Total A/PA Cases	Cumulative AIDS Incidence Per 100,000 A/PA Sub-population
Filipino	591	33.6%	80.8
Chinese	273	15.5%	38.7
Japanese	202	11.5%	64.5
Vietnamese	101	5.7%	36.0
Hawaiian	71	4.0%	206.1
Thai	53	3.0%	165.3
Korean	40	2.3%	15.4
Guamanian	39	2.2%	155.6
Samoa	39	2.2%	122.2
Asian Indian	29	1.7%	18.1
Laotian	22	1.3%	37.9
Cambodian	19	1.1%	27.9
Indonesian	16	0.9%	N/A
Malaysian	9	0.5%	N/A
Other Asian	58	3.3%	N/A
Asian/Unspecified	195	11.1%	N/A
TOTAL	1,757	100.0%	61.7

¹⁰ Centers for Disease Control and Prevention HIV/AIDS Surveillance Report, Year-end edition, Vol. 10, No. 2, December 1998, Table 19, p. 29.

¹¹ Centers for Disease Control and Prevention HIV/AIDS Surveillance Report, Year-end edition, Vol. 10, No. 2, December 1998, Tables 15 & 16, pp.24-25.

¹² California Department of Health Services, Office of AIDS, California HIV/AIDS Update: January 1999, pp. 9-92.

- Among the A&PI female cases, heterosexual contact accounted for 52% of the cases, blood transfusion for 22%, IDU for 14% and risk undetermined for 11% of the cases.¹²
- A&PIs in Los Angeles County make up 34% of California's A&PI population and 34% of the state's cumulative A&PI AIDS cases.
- A report of the cumulative AIDS cases and AIDS incidence among subpopulations of A&PIs in California for the period of 1980-1995, shows that Filipinos have the highest number of cumulative AIDS cases (591/33.6%) in California and make up the most impacted subpopulation among A&PIs. However, Hawaiians, who account for 4% of the cumulative A&PI cases of AIDS have the highest cumulative AIDS incidence - 206.1 per 100,000 population.
- The table to the right provides an overview of the cumulative AIDS cases and AIDS incidence among subpopulations of A&PIs in California for the period of 1980-1995.

New York

- According to the U.S. Census Bureau, A&PIs accounted for 553,987 persons or 6% of the total New York City population. The Chinese are the single largest subgroup accounting for 45% of the total A&PI population, followed by South Asians (18%), Koreans (14%) and Filipinos (9%).
- New York State reported a cumulative total of 776 AIDS cases among A&PI through March 1999. Seven hundred and sixty-eight (768) of these cases, were among adults and 8 among children less than 13 years of age. Ninety four percent (94%) of the A&PI cases in New York State were concentrated in New York City.
- A&PIs account for 721 or .7% of the cumulative AIDS cases (107,928) in New York City reported through March 1999 and 307 or .8% of the living AIDS cases for the same period.
- Males make up 89% and females account for 11% of the cumulative AIDS cases among A&PIs. By mode of transmission, MSMs make up 52% of the cumulative A&PI cases, followed by risk not specified (26%), IDU (10%) and heterosexual contact (8%).
- By country of origin, the category of other/unknown makes up the largest proportion of the cumulative AIDS cases (22%) among A&PIs. American born A&PIs account for 19% of the cumulative AIDS cases, followed by Chinese (12%), Filipinos (11%), Asian Indians (9%) and Japanese (6%).¹³

Hawaii

- A&PIs account for 685,236 persons or 62% of the total population of Hawaii. Honolulu accounts for 257,552 (38%) of the total A&PI population of the state.
- Through June 30, 1999 there were 2,290 cumulative cases of AIDS reported in Hawaii. A&PIs accounted for 604 or 26% of the cumulative total.¹⁴
- Eighty-nine (89%) of the A&PI cases were among men and 11% were among women.
- Of the A&PI cases 75% were among MSMs, 7% were among IDUs, 3% were among MSMs/IDUs, 6% were among female heterosexuals, 2% were among male heterosexuals, 2% were due to transfusion, 2% were due to perinatal transmission, and 1% were among hemophiliacs.¹⁵
- Native Hawaiians account for 12% of the state's cumulative AIDS cases, which is close to their proportion of the total state population (12.5%) and 39% of the AIDS Cases among A&PIs.
- Native Hawaiians represent the second largest ethnic group impacted by AIDS in Hawaii. All other ethnic groups including the Chinese, Filipinos, and Japanese, have small numbers of cases and are under-represented in relation to their share of the state population.

¹³ Kim, Jen Haejin, East Coast "Asian & Pacific Islander Population and AIDS and HIV Surveillance Profile, Asian and Pacific Islander Coalition on HIV/AIDS" (APICHA), New York: September 1999, pp. 11-13.

¹⁴ Hawaii Department of Health, AIDS Surveillance Quarterly Report, June 30, 1999.

¹⁵ Hawaii Department of Health, AIDS Surveillance Quarterly Report, March 31, 1998.

- The Chinese account for 51 cases or 8% of A&PI cases, Filipinos account for 114 cases or 19% of A&PI cases, and the Japanese account for 105 cases or 17% of A&PI cases.¹⁶

Considerations in Planning HIV/AIDS Services for Asians and Pacific Islanders

- HIV/AIDS statistics have historically been used to assess the need for prevention and treatment services among different populations. It therefore is important to consider the limitations of the data when analyzing the official HIV/AIDS statistics on Asians and Pacific Islanders in the United States. While the proportion of HIV/AIDS cases among Asian and Pacific Islanders appears to be low relative to their proportion of the total U.S. population, the low numbers may be a function of underreporting and misclassification of A&PI cases.
- Few states collect or report HIV/AIDS surveillance data by Asian and Pacific Islander national origin/ethnicity and several do not report any data on A&PIs separately. Instead these states subsume any data on A&PIs in an "Other" category.
- According to Ignatius Bau of the Asian & Pacific Islander American Health Forum (APIAHF), neither the Centers for Disease Control and Prevention (CDC) nor state/local health departments consistently comply with the Office of Management and Budget Statistical Policy Directive No. 15 (revised October 1997). OMB directive No. 15 requires all health and other data to be collected and reported for each racial/ethnic group.
- Other data sets and factors such as other sexually transmitted diseases (STDs), teen pregnancy, alcohol and substance abuse, depression and mental illness and patterns of immigration and mobility should be considered as surrogate markers to assess risk of HIV/AIDS and service needs, among A&PIs.

Factors Contributing To The Underreporting of A&PIs With HIV

- Fear of deportation, and concerns about jeopardizing immigration status are strong deterrents to utilization of health care services among immigrant populations.
- A&PIs who are immigrants may therefore have concerns about testing in confidential sites where their names will be reported to state health officials.
- Non-citizens may fear that their residence in the U.S. may be placed in jeopardy if they test positive for HIV because immigrants may be denied permanent residency if they are considered by the Immigration and Naturalization Service (INS) to be potential "public charges".
- Shame and loss of face about having contracted a socially stigmatized disease may be another factor that impacts the accurate reporting of A&PIs with HIV/AIDS.¹⁷
- Reporting of HIV or AIDS cases by physicians in private practice may be more delayed and/or incomplete than their counterparts in publicly funded health care facilities. Because many A&PIs immigrants tend to seek health services from physicians in private practice and from indigenous folk medicine practitioners within their own communities for linguistic and cultural reasons, the accuracy of reporting A&PI HIV/AIDS cases may be compromised.
- Physician bias regarding risk for HIV infection may also contribute to and underreporting or late diagnosis. A report on the findings of a study of 400 women aged 18 to 62 in Los Angeles County indicates that doctors often fail to offer white or Asian women HIV tests because of cultural stereotypes about patients at risk for HIV.
- Most infected women failed to receive adequate diagnoses or care and many women only learned of their HIV status through tests during pregnancy, job or insurance change, or after their partner became ill. Asian women rarely

¹⁶ Hawaii Department of Health, AIDS Surveillance Quarterly Report, June 30, 1999.

¹⁷ Gock, Terry, S. "Acquired Immunodeficiency Syndrome", in Zane, Nolan, Takeuchi, David, Young, Kathleen, Eds. *Confronting Critical Health Issues of Asian and Pacific Islander Americans*, Sage Publications, Inc. 1994, p. 255-256.

received early treatment for HIV and as a result, they did not enter the health care system until they developed full-blown AIDS.¹⁸

Surveillance Data Fails to Provide an Accurate Picture of HIV among A&PIs

- The current HIV surveillance system in the U.S. is based on confidential name-based reporting of HIV by 33 jurisdictions. By the end of 1998, 29 states and the Virgin Islands had implemented confidential name-based reporting of HIV among adolescents and adults; three additional states report pediatric cases only. Florida, Iowa, New Mexico and the Virgin Islands initiated confidential name-based reporting within the past two years. Alaska, New York, and Texas are beginning implementation of HIV case surveillance in 1999.
- The most recent national data on HIV infections presented in the CDC's December 1998 surveillance report, does not include data from the three states which account for the majority of the A&PI population. California and Hawaii do not require HIV reporting, and New York just began implementation of their confidential name-based reporting system in 1999. This HIV surveillance data therefore does not provide an accurate picture of the extent of HIV infection among A&PIs in the U.S.¹⁹

A&PIs Have The Highest Proportions of HIV Testing In Anonymous Sites

- Anonymous HIV testing data is not included in the national surveillance reports on HIV cases, yet A&PIs have high rates of utilization of anonymous HIV counseling and testing sites. In a recent report, of anonymous or confidential HIV counseling and voluntary testing in federally funded testing sites in the U.S., the CDC found that A&PI men and women have the highest proportions of HIV testing in anonymous sites.
- In 1997 among men, the highest proportion of tests that were anonymous was among A&PI (71.6%) men who have sex with men (MSMs).

- Among women, the highest proportion of anonymous tests were among A&PI, IDUs (40.0%), and A&PIs with heterosexual contact (35.9%), followed by whites with heterosexual contact (30.8%).²⁰

Barriers to HIV Prevention and Care Services for Asians and Pacific Islanders

Prevention

- HIV prevention efforts must take into consideration the rapid population growth (a national increase of 95% from 1980 to 1990), and the diversity of languages and cultures among Asians and Pacific Islanders.
- The CDC is currently directly funding Asian and Pacific Islander community-based organizations in Hawaii, California, Pennsylvania, New York, and Massachusetts, to conduct HIV prevention (CDC Program Announcement 704); other organizations are funded through their state or local health departments.
- Many epidemiological profiles and needs assessments fail to include data about Asians and Pacific Islanders.
- Asians and Pacific Islanders continue to be underrepresented in the HIV prevention community planning process; in many community planning groups, there are no or only one Asian and Pacific Islander member.
- A national review of HIV prevention materials available in Asian and Pacific Islander languages found significant gaps in the materials available, outdated materials and errors in translation.
- Many HIV prevention programs for Asians and Pacific Islanders focus on gay men or youth, few of these programs have been evaluated; even less is known about HIV risk and effective programs for other Asians and Pacific Islanders at risk for HIV, including women, drug users, transgender persons, commercial sex workers and the incarcerated.

¹⁸ Division of HIV/AIDS Prevention-Surveillance and Epidemiology, National Center for HIV, STD, and TB Prevention, CDC, Anonymous or Confidential HIV Counseling and Voluntary Testing In Federally Funded Testing Sites In The United States, From 1995-1997.

¹⁹ Miller, Michael, "White and Asian Women Don't Fit Doctors' Stereotypes of HIV Victims, Researchers Say", Nando Times Online August 4, 1999.

²⁰ Asian and Pacific Islander American Health Forum, Website. www.APIAHF.org, "Fact Sheet: Asians and Pacific Islanders and HIV/AIDS", Updated February 1999.

- Current HIV prevention science, based primarily on theoretical models of individual knowledge and behavior change, may not be culturally appropriate for Asians and Pacific Islanders.
- Individuals with HIV are excludable from the U.S. under immigration laws (unless a waiver is granted), thus many Asian and Pacific Islander immigrants are deterred from seeking information about their HIV status or accessing HIV prevention programs.
- Although there have been few HIV and AIDS cases reported in the six U.S.-affiliated Pacific jurisdictions, rapid population growth, high teen pregnancy and STD rates and increased mobility, immigration and tourism all point to a potential epidemic. HIV prevention is therefore critical for the region's health.²¹
- HRSA also is funding the Asian and Pacific Islander Wellness Center in San Francisco to develop a manual for health services providers who provide care to Asians and Pacific Islanders living with HIV; there is no additional funding for disseminating or training providers to use the manual.
- The 1996 welfare and immigration laws restricted the eligibility of immigrants for many health and social services; these legal barriers limit the accessibility of health services for Asian and Pacific Islander immigrants living with HIV.²²
- A&PIs represent approximately 2 million uninsured in the U.S. Twenty-four percent of Asians were uninsured, compared to 18% of the total U.S. population and 14% of whites. Korean Americans were the most likely to be uninsured of any racial or ethnic group.

Health Care Services

- Only Asian and Pacific Islander community-based organizations in Hawaii, Washington, California, Pennsylvania and New York currently receive government funding to provide services for Asians and Pacific Islanders living with HIV.
- No information about HIV-related treatment and medication currently is available in Asian and Pacific Islander languages.
- The Agency for Health Care Policy and Research (AHCPR) declined to over-sample for Asians and Pacific Islanders in its Health Care Services Utilization Study (HCSUS); as a result, this national study will provide no useable data about the needs of Asians and Pacific Islanders living with HIV.
- The Health Resources and Services Administration (HRSA) is currently funding the Asian and Pacific Islander Coalition on HIV/AIDS in New York to evaluate the effectiveness of multilingual/multicultural case management services for Asians and Pacific Islanders living with HIV.
- Despite higher educational attainment and comparable median income, the poverty rate for Asian and Pacific Islander families was twice (12%) the rate of white families (6%). About 14 percent of Asians and 17 % of Pacific Islanders live in poverty compared to 13% for the nation as a whole.
- The Hmong (63.6%) had one of the highest poverty rates, followed by Cambodians (42.6%) and Laotians (34.7%). Filipinos had the lowest poverty rate (6.4, %). Among Pacific Islanders, Samoans had the highest poverty rate (25.8%), followed by Tongans (23.1%) while Hawaiians had the lowest poverty rate (14.3%).²³
- Among the population living in poverty in the U.S., 49% of poor Asians were uninsured as compared with 41% of the total poor U.S. population and 39% of poor whites.
- In 1996, about 1.27 million Asian and Pacific Islander Americans were receiving Medicaid. Twenty-four percent of poor Asians as compared to 31% of the total poor U.S. population and 27% of poor whites have Medicaid coverage.²⁴

²¹ Centers for Disease Control and Prevention HIV/AIDS Surveillance Report, Year-end edition, Vol. 10, No. 2, December 1998, Tables 9 & 10 pp.18-19.

²² Centers for Disease Control and Prevention HIV/AIDS Surveillance Report, Year-end edition, Vol. 10, No. 2, December 1998, Tables 7 & 8, pp.16-17.

²³ Centers for Disease Control and Prevention HIV/AIDS Surveillance Report, Year-end edition, Vol. 10, No. 2, December 1998, Table 19, p. 29.

²⁴ Centers for Disease Control and Prevention HIV/AIDS Surveillance Report, Year-end edition, Vol. 10, No. 2, December 1998, Tables 11 & 12 pp.20-21.

- Overall 22% of Asians rated their health as fair or poor compared to 18% of whites. However among Asians there was wide variation with 19% of Chinese and 18% of Koreans rating their health as fair or poor compared to 29% of Vietnamese.²⁵

Conclusion

Asians and Pacific Islanders as a group are the fastest growing ethnic/racial minority population in the United States. This population is very diverse, relatively young and has a high proportion of foreign born persons. While the impact of HIV/AIDS among this population appears to be relatively low compared to other ethnic/racial minority groups, the current system of health data collection and surveillance does not give us a true picture of the nature and trends in the HIV/AIDS epidemic among A&PIs. Considering the rapid growth of the population and the socio-demographic factors that impact on health status and contribute to health disparities such as poverty, lack of health insurance and race/ethnicity it is important to focus on HIV prevention and health promotion in this population.

In addition it is critical to make culturally competent, quality HIV care and services available and accessible to those A&PIs who are already living with HIV and AIDS. As a nation we have the opportunity to avert a major crisis in HIV/AIDS among Asians and Pacific Islanders in the new millennium, if we are forward thinking and make the necessary investments in research, prevention, treatment, care and services targeted to this population now.

Executive Order

On June 7, 1999, following 10 years of national advocacy by Asian and Pacific Islander organizations including the Asian and Pacific Islander American Health Forum (APIAHF), President Clinton signed an Executive Order, establishing the White House Asian and Pacific Islander Initiative. The Executive Order, which focuses on the long-neglected health and human service needs of Asian and Pacific Islander communities, also established the President's Advisory Commission on Asian Americans and Pacific Islanders. The Commission will advise the President on ways to improve the quality of life of Asian Americans and Pacific Islanders through increasing their participation in federal government programs where they are most likely to be underserved (e.g., health, education, housing, labor, economic and community development). The overall Initiative is designed to address continuing disparities in health and human service access, utilization and outcomes, as well as the gaps in health data, research, prevention and care among Asian American and Pacific Islander communities.

²⁵ Centers for Disease Control and Prevention HIV/AIDS Surveillance Report, Year-end edition, Vol. 10, No. 2, December 1998, Tables 7 & 8, pp.16-17.

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